

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	5-31-01
<b>FORMALITY REVIEW</b>	EP	1138	7/11/01
<b>RESPONSE FORMALITY REVIEW</b>	OS	573	09-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	
2	✓ 10-7-02
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet hereAS  
7/11/01  
12  
8/13-01  
10-9-01